

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050409

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 392

FILED JAN 3 1964

1. PLACE OF DEATH a. COUNTY Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, County		c. CITY OR TOWN St. Louis, Co. Affton	
c. FULL NAME OF (If NOT in hospital, give location) 9157 Coral Dr.		d. STREET ADDRESS (If outside, give location) 9157 Coral Dr.	

3. NAME OF DECEASED (Type or print) Roscoe F. Trower.			4. DATE OF DEATH Month 12 Day 22 Year 1963.		
5. SEX Male.	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-21-1895	9. AGE (last birthday) 68	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk.
11a. FATHER'S NAME William Trower.			11b. MOTHER'S MAIDEN NAME Emma Farley.		
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			12b. SOCIAL SECURITY NO.		
13a. NAME OF HUSBAND OR WIFE Emma Trower.			13b. ADDRESS Affton Mo. 9157 Coral Dr.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) arteriosclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 12 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, County, Mo.
21. I attended the deceased from 12/19/63 to 12/22/63 and last saw him alive on 12/22/63 Death occurred at 12/22/63 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul Rosenthal D.O.	
22b. ADDRESS 9302 Gravois		22c. DATE SIGNED 12/23/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	23b. DATE 12-26-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope.	23d. LOCATION (City, town, or county) St. Louis, County, Mo.
24. FUNERAL DIRECTOR Southern Funeral Home.		25. DATE RECD. BY LOCAL REG. 12-23-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED
1 4000	
2 4000	
3 2	
4 0	
5 1	
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7 0	
8 2	
9 420.1	
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11	
12 90-2	
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County Under Statutes

Dr. P. Eo
Dr. P. Rosenberg.
9302 Gravois.
Mon. 10Am-12 Noon.

365

6204

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Van Rossum

Licensed Embalmer No. 4312

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

5-09